

SCHOOL BUS ILLEGAL PASSING DRIVER SURVEY (Tuesday, May 3, 2011)



DEAR SCHOOL BUS DRIVER: Our state is participating in a national survey of vehicles that illegally pass stopped school buses that are loading and unloading students. Please observe the vehicles that illegally pass your school bus while it is stopped with STOP ARM(s) extended on Tuesday, May 3, 2011 and put an X in the appropriate blanks. Please report any observed incidents. REMEMBER: Please take extreme caution when completing the form - YOUR MAIN RESPONSIBILITY IS TO THE SAFETY OF YOUR STUDENTS. Time permitting, please complete as much information as possible and submit to your supervisor **by Thursday, May 5, 2011**. This form should be completed by each driver on the day of the illegal passing count and should be turned in to supervisor EVEN IF THERE ARE NO VIOLATIONS TO REPORT.

School/District/Employer: _____

Driver (your) Name: _____

Bus #: _____

(i) PASSING INCIDENT	(ii) Time of Day (insert "X")	(iii) Number of Vehicles Passing at this Bus Stop (insert "X")	(iv) Vehicle(s) Passed From: (insert "X"; if multiple vehicles, you may "X" Front AND Rear	(v) Vehicles Passed on Which Side of the Bus? (insert "X"); if multiple vehicles passing, you may "X" Left AND Right
1	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)
2	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)
3	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)
4	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)
5	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)
6	<input type="checkbox"/> AM <input type="checkbox"/> Mid-day <input type="checkbox"/> PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 If more, how many? <input type="text"/>	<input type="checkbox"/> Front (Opposite Direction) <input type="checkbox"/> Rear (Same Direction)	<input type="checkbox"/> Left (driver side) <input type="checkbox"/> Right (door side)

Please report only violations that meet the following criteria:

- (1) BUS IS COMPLETELY STOPPED
- (2) RED LIGHTS ARE FLASHING AND STOP SIGN(S) EXTENDED
- (3) VEHICLE ILLEGALLY PASSES BY THE RIGHT OR LEFT SIDE OF BUS DURING STOP

This data collection form should be completed by each bus driver on the day of the illegal passing count and should be turned in to a supervisor EVEN IF THERE ARE NO VIOLATIONS TO REPORT.